

# United States Bankruptcy Court for the Southern District of New York White Plains

Debtor: K-Mart Stores of Illinois, LLC

Case No. 18-23571

## Claim Withdrawal Form

### Part 1 Identify the Claim

Creditor Name and Address: Illinois Department of Employment Security  
33 S. State Street Bankruptcy Unit 10<sup>th</sup> FL  
Chicago, Illinois 60603

Claim Number: Post petition

Date Claim Filed: 12/06/2019  
(mm/dd/yyyy)

Total Amount of Claim Filed: 81,143.18

### Part 2 Sign Below

The person completing this form must sign and date it.

I, the undersigned, am the above-referenced creditor, or authorized signatory for the above-referenced creditor. I hereby withdraw the above referenced claim and authorize the Clerk of this Court or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above referenced debtor.

Executed on date 03/14/2019  
(mm/dd/yyyy)

Signature

Amos Ellis

Print Name

Collections Bankruptcy Unit Supervisor

Title (if Applicable)

### DEFINITIONS

**Debtor:** The Person corporation, or other entity that has file a bankruptcy case is called the debtor.

**Creditor:** A creditor is any person, corporation, or other entity to which the debtor owes a debt.

**Proof of Claim:** A form filed with the clerk of bankruptcy court where the bankruptcy case was filed, To tell the bankruptcy court how much the debtor owed a creditor ( the amount of the creditor's claim)

Fill in this information to identify the case:

Debtor 1 K-MART STORES OF ILLINOIS, LLCDebtor 2  
(Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Southern District of New York

Case number 18-23571 ADMINISTRATIVE

FILED  
2019 APR -8 P 3:53  
C.D. OF N.Y.

12/15

## Official Form 410

## Proof of Claim

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

## Part 1: Identify the Claim

## 1. Who is the current creditor?

ILLINOIS DEPT OF EMPLOYMENT SECURITY

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

## 2. Has this claim been acquired from someone else?

☒ No☐ Yes. From whom? \_\_\_\_\_

## 3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

## Where should notices to the creditor be sent?

ILLINOIS DEPT OF EMPLOYMENT SECURITY

Name

33 S. STATE ST. 10TH FLR COLL. BKRY

Number Street

CHICAGOIL60603

City

State

ZIP Code

Contact phone 312-793-3955Contact email amos.ellis@illinois.gov

## Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Uniform claim identifier for electronic payments in chapter 13 (if you use one):  
\_\_\_\_\_

## 4. Does this claim amend one already filed?

☐ No☒ Yes. Claim number on court claims registry (if known) Post PetitionFiled on 12/06/2019

MM / DD / YYYY

## 5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 8 8 9 7

7. How much is the claim? \$ 0.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as health care information.  
State Unemployment Insurance Tax

9. Is all or part of the claim secured? ☒ No  
☐ Yes. The claim is secured by a lien on property.  
**Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☐ Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ 0.00  
**Amount of the claim that is unsecured:** \$ 0.00 (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ 0.00  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ **No**

☐ **Yes. Check all that apply:**

**Amount entitled to priority**

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ Up to \$2,775\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ 0.00

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

☐ Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ \_\_\_\_\_

\* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/14/2019  
MM / DD / YYYY

/SGD/ AMELIA T. YABES

Signature

**Print the name of the person who is completing and signing this claim:**

Name AMELIA T. YABES  
First name Middle name Last name

Title ES TAX AUDITOR 2

Company IDES  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 33 S STATE ST., 10TH FLR COLL. BKRY  
Number Street

CHICAGO IL 60603  
City State ZIP Code

Contact phone 312-793-1270 Email amelia.yabes@illinois.gov